

Commonwealth of Virginia
CERTIFICATE OF CANDIDATE QUALIFICATION
ATTORNEY GENERAL

Pursuant to § 24.2-501 of the Code of Virginia,
I hereby certify that:

NOTICE: YOU MAY FILE THIS FORM AS SOON AS YOU DECIDE TO SEEK A PARTY'S NOMINATION OR TO CIRCULATE PETITIONS. YOU MUST FILE THIS FORM WITH THE STATE BOARD OF ELECTIONS BY THE FILING DEADLINE. FAILURE TO DO SO MAY RESULT IN YOUR DISQUALIFICATION. SEE REVERSE SIDE FOR DETAILS.

1. I am a citizen of the United States. ☐ YES ☐ NO
2. I am at least thirty years of age or will be on or before the date of the general or special election for the office I am seeking. ☐ YES ☐ NO
3. I have been a resident of the Commonwealth of Virginia for the year immediately preceding the general or special election for the office I am seeking. ☐ YES ☐ NO
4. I now reside at the address shown below
[residence address must be given; post office box or general delivery **is not** acceptable]:

STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER

City/Town _____ ZIP _____
5. I am registered to vote at the above address in the precinct in which I reside.
[or if not and registration books are closed, my application for registration, transfer, or change of address is on file in the general registrar's office for processing when books re-open] ☐ YES ☐ NO
6. Have you ever been convicted of a felony? ☐ YES ☐ NO
7. Have you ever been adjudicated mentally incompetent? ☐ YES ☐ NO
8. If you answered **YES** to 6, give date of certificate restoring voting rights.
If **YES** to 7, give date of court order restoring competency. _____
DATE OF RESTORATION
9. I am an attorney admitted to the bar of the Commonwealth at least five years immediately preceding the general or special election. ☐ YES ☐ NO

PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:

YOUR NAME AS IT IS TO APPEAR ON BALLOT [SEE REVERSE SIDE FOR REQUIREMENTS]

YOUR SOCIAL SECURITY NUMBER [SEE STATEMENT ON REVERSE SIDE]

MAILING ADDRESS

CITY/TOWN

ZIP

ATTORNEY GENERAL

OFFICE SOUGHT

DATE OF ELECTION ☐ Primary/General ☐ Special
[CHECK ONE SQUARE]

(AREA CODE) HOME TELEPHONE

(AREA CODE) OFFICE TELEPHONE

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given above is true and correct and that I am qualified to vote for and hold the office for which I am a candidate.

Signature of Candidate _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

DATE NOTARY COMMISSION EXPIRES

SIGNATURE OF NOTARY OR CLERK OF CIRCUIT COURT

KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW.
THE PUNISHMENT IS A MAXIMUM FINE OF \$2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.

HOW NAME MAY APPEAR ON BALLOT

Length: The entire name to appear on the ballot **must not exceed** 25 spaces, including any punctuation and spaces between names.

Titles: **NO** titles [Rev., Dr., Mr., Mrs., etc.] are to be used, either before or following the candidate's name.

A woman **must use** her given name, not her husband's, and without a "Mrs." in front of a name.

EXAMPLE: Mary L. Jones **not** Mrs. John W. Jones.

Criteria: First name, initial or form thereof
Middle name, initial or form thereof
Nickname must be other than form of first or middle name and must appear within quotation marks
Last name
Suffix, if one: Sr. is optional. All other suffixes must be used since they appear on a person's birth certificate and are part of the person's legal name.

Examples:

The candidate's full legal name is **William Wendell Butler II** The following options are available:

- ➡ Bill W. Butler II
- ➡ W. Wendell Butler II
- ➡ William W. Butler II
- ➡ William Wendell Butler II
- ➡ W. W. "Spanky" Butler II
- ➡ W. W. Butler II

Initials for **BOTH** the first and middle names may be used
ONLY when the initials **ARE ALSO** the nickname.

SOCIAL SECURITY NUMBER: Your social security number is part of your official voter record. It is required on this form only to make it possible to identify your registration record in order to qualify you as a candidate. The State Board of Elections, when copying this document for public inspection, must cover your social security number.

RETURN TO:

The office of the *State Board of Elections*. Postmarks are acceptable only if this form is mailed by registered or certified mail. If so mailed, a receipt indicating date of mailing must be produced if demanded by this office.

This form may be filed as soon as you decide to seek a party's nomination or to circulate petitions. Failure to file this form with the *State Board of Elections* **by the filing established for the election** may mean your name will not appear on ballots for this office.

Mail or deliver to: State Board of Elections - 200 N. 9th Street, Suite 101 - Richmond, Virginia 23219-3497

DEADLINE FOR RECEIPT OF FORM BY STATE BOARD OF ELECTIONS:

Refer to appropriate Candidate Bulletin for details.

FURTHER INFORMATION:

The Candidate Information Bulletin and forms required to be filed can be downloaded from our website:

WWW.SBE.STATE.VA.US

Should you have questions relating to your candidacy, please do not hesitate to call the State Board of Elections.

(804) 786-6551 **OR** Toll-free: (800) 552-9745